

VFC Tally Sheet

(optional use)

Provider or Clinic Name:												Quarter / Year:													
Age	(Check one only) VFC Eligibility Status			DTaP	DT	Td	Tdap	DTaP / Hep B / IPV	DTaP / HIB	HIB	IPV	MCV4	MMR	Hep B Ped	Hep B Adult	Hep B / HIB	Hep A Ped	Hep A Adult	Varicella	MMRV	PCV7	PPV23	Flu	RTV	HPV
	Am. Indian/ Alaskan Nat.	Medicaid	Non- Insured																						
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Instructions for Completing the *Optional VFC* Tally Sheet

Each child receiving VFC vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the clinic name and the quarter/year of this information.
- Place a check mark in the appropriate age and eligibility column.
(One line per child, counted by visit/encounter).
- Place a check mark in the column for each vaccine administered to the child at the visit/encounter.
- Total all columns (Eligibility Status and Vaccines)
- Transfer the Totals to the *Quarterly Doses Administered Report*.

Tally Sheets are for provider's use only.

Do NOT return to the Utah VFC Program.